



Board of Architectural and Engineering Examiners
500 James Robertson Parkway Nashville, TN 37243-1142
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (Fax)
<http://www.tn.gov/commerce/section/architects-engineers>

INSTRUCTIONS TO ARCHITECT EXAMINATION CANDIDATES REQUESTING ACCOMMODATION

- If you have a disability that may require some accommodation in taking the Architect Registration Examination (ARE), please complete the "Request for Accommodation" form below, and submit it to the Board office at the address listed above. This form should be submitted with your application to assure that the appropriate accommodations can be provided without delay.
- Contact the National Council of Examiners for Engineering and Surveying (NCEES), the Council of Landscape Architectural Registration Boards (CLARB), or the Council for Interior Design Qualification (CIDQ) regarding accommodations for the engineering, landscape architectural, or interior design examinations.
- Some disabilities that are not readily discernable may also require additional documentation. This documentation should be from an appropriate professional who is familiar with your situation. If you have not been given accommodation in recent similar testing situations, the form below for obtaining this documentation, "Documentation of Disability Related Needs," should be signed by the professional in question. Supporting documentation regarding your disability that may be helpful in determining what accommodation may be required in an examination setting should also be attached.
- Because the ARE is developed and provided by the National Council of Architectural Registration Boards (NCARB), NCARB will also review your accommodation request and supporting documentation after it has been reviewed by the Board. When we receive notification that NCARB has approved your request for accommodation, we will notify you as soon as possible.
- Any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside parties other than NCARB without your express written permission.



Department of
**Commerce &
Insurance**

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ACCOMMODATION REQUEST FOR EXAMINATION

Please type or print the information requested on this page except for your signature. Some accommodation requests may require additional documentation; if additional documentation is needed, please have the appropriate professional complete the second page of this form.

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Description of Diagnosis: _____

PLEASE MARK ALL THAT APPLY:

____ Separate Testing Area

____ Extended Time:

____ Time and a Half (50%)

____ Double Time (100%)

____ Additional Breaks (breaks that do not count outside the testing time):

Number of Breaks Required _____ Length of Time for each Break _____

____ Other (please specify): _____

Comments: _____

Signed: _____ Date: _____

**DOCUMENTATION OF DISABILITY RELATED NEEDS
(TO BE COMPLETED BY THE APPROPRIATE PROFESSIONAL)**

If you have a disability that requires an accommodation in testing, please have this form completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) who is familiar with your situation to certify that your disability requires the requested accommodation. ***Existing documentation of having the same or similar accommodation provided to you in another testing situation can be submitted for documentation instead of having this portion of the form completed. If you are requesting accommodation that was not provided in a recent academic setting or sitting for a similar examination, please provide appropriate documentation which is less than six months old.***

I have known _____ since _____
(Exam applicant) (Date)

in my capacity as a _____
(Professional Title) (License Number if Applicable)

Description of Diagnosis: _____

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following:

PLEASE MARK ALL THAT APPLY:

____ Separate Testing Area

____ Extended Time:

____ Time and a Half (50%)

____ Double Time (100%)

____ Additional Breaks (breaks that do not count outside the testing time):

Number of Breaks Required _____ Length of Time for each Break _____

____ Other (please specify): _____

Comments: _____

Name and Title: _____

Signed: _____ Date: _____

NOTE: Please attach any other documentation regarding the individual's disability that should be considered in providing accommodation in an examination setting.